Schedule E)	PAGE 1 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if 24-hour report 48-hour report New report Amends report filed	d on 04 02 / 2014
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINGSIDE DR	Amount
City State Zip Code AKRON OH 44333	491.98 Transaction ID : SE.4126 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/ Type 004	05 09 7 2014
Name of Federal Candidate Support MARK BEGICH Office Oppose	e Sought: House District: 00 President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought Disb. 2213.91	ursement For: Primary
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination Output Date of Public Distribution/Dissemination Output Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR	Amount
City State Zip Code AKRON OH 44333	2023.24 Transaction ID : SE.4154 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/ Type 004	05 / D D / Y Y Y Y Y Y
Name of Federal Candidate MARK L PRYOR Support Office Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	2515.22
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date	02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

PAGE OF (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 New report X Amends report filed on 24-hour report X 48-hour report Check if 04 02 2014 Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 04 2014 01 Mailing Address 325 SPRINGSIDE DR Amount State Zip Code 3625.03 City **AKRON** OH 44333 Transaction ID: SE.4155 Date of Disbursement or Obligation Purpose of Expenditure Category/ VOTER CONTACT CALLS (4/01 - 4/07/2014) 004 05 09 2014 Type Name of Federal Candidate 00 District: Support Office Sought: House MARK E UDALL CO Oppose X Senate President State: Disbursement For: Primary X General Calendar Year-To-Date 16312.64 2014 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2014 Mailing Address 325 SPRINGSIDE DR Amount City State Zip Code 3159.21 ОН Transaction ID: SE.4156 **AKRON** 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ VOTER CONTACT CALLS (4/01 - 4/07/2014) 004 2014 05 09 Type Name of Federal Candidate 00 Support Office Sought: House District: MARY L LANDRIEU LA Oppose Senate President State: X General Primary Calendar Year-To-Date Disbursement For: 14216.43 2014 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 6784.24 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 02 13 2016 Date Signature

PAGE OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 New report X Amends report filed on 24-hour report X 48-hour report Check if 04 02 2014 Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 04 01 2014 Mailing Address 325 SPRINGSIDE DR Amount State Zip Code 3724.72 City **AKRON** OH 44333 Transaction ID: SE.4157 Date of Disbursement or Obligation Purpose of Expenditure Category/ VOTER CONTACT CALLS (4/01 - 4/07/2014) 004 05 09 2014 Type Name of Federal Candidate District: 00 Support Office Sought: House AL FRANKEN MN Oppose X Senate President State: Disbursement For: Primary X General Calendar Year-To-Date 16761.23 2014 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2014 Mailing Address 325 SPRINGSIDE DR Amount City State Zip Code 711.60 ОН Transaction ID: SE.4158 **AKRON** 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ VOTER CONTACT CALLS (4/01 - 4/07/2014) 004 2014 05 09 Type Name of Federal Candidate 00 Support Office Sought: House District: JOHN E WALSH MT Oppose Senate President State: X General Primary Calendar Year-To-Date Disbursement For: 3202.21 2014 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 4436.32 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 02 13 2016 Date Signature

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if 24-hour report		
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination O4 O4 O1 O2014	
Mailing Address 325 SPRINGSIDE DR	Amount	
City State Zip Code AKRON OH 44333	946.49 Transaction ID : SE.4159 Date of Disbursement or Obligation	
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/ Type 004	05 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate JEANNE SHAHEEN Support Office Description:	e Sought: House District: 00 President Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination 04 01 02014	
Mailing Address 325 SPRINGSIDE DR	Amount	
City State Zip Code	6801.78	
AKRON OH 44333	Transaction ID : SE.4160 Date of Disbursement or Obligation	
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/ Type 004	05 09 2014	
Name of Federal Candidate Support Office	e Sought: House District: 00	
KAY R HAGAN Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General 4 Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	7748.27	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
SCOTT B MACKENZIE [Electronically Filed] Date	D2 / D3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if 24-hour report		
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 325 SPRINGSIDE DR	Amount	
City State Zip Code AKRON OH 44333	2763.41 Transaction ID : SE.4161 Date of Disbursement or Obligation	
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/ Type	004 05 09 7 2014	
	pport Office Sought: House District: 00	
JEFFREY A MERKLEY	pose President X Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 12435.36	Disbursement For: Primary	
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination O4 01 2014	
Mailing Address 325 SPRINGSIDE DR	Amount	
City State Zip Code	5752.54	
AKRON OH 44333	Transaction ID : SE.4162 Date of Disbursement or Obligation	
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/ Type	004 05 / 09 / 2014	
	pport Office Sought: House District: 00	
MARK J WARNER 🔀 Op	ppose President X Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 25886.43	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	8515.95	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	30000.00	
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.		
SCOTT B MACKENZIE [Electronically Filed] Signature	Date 02 / 13 / 2016	